



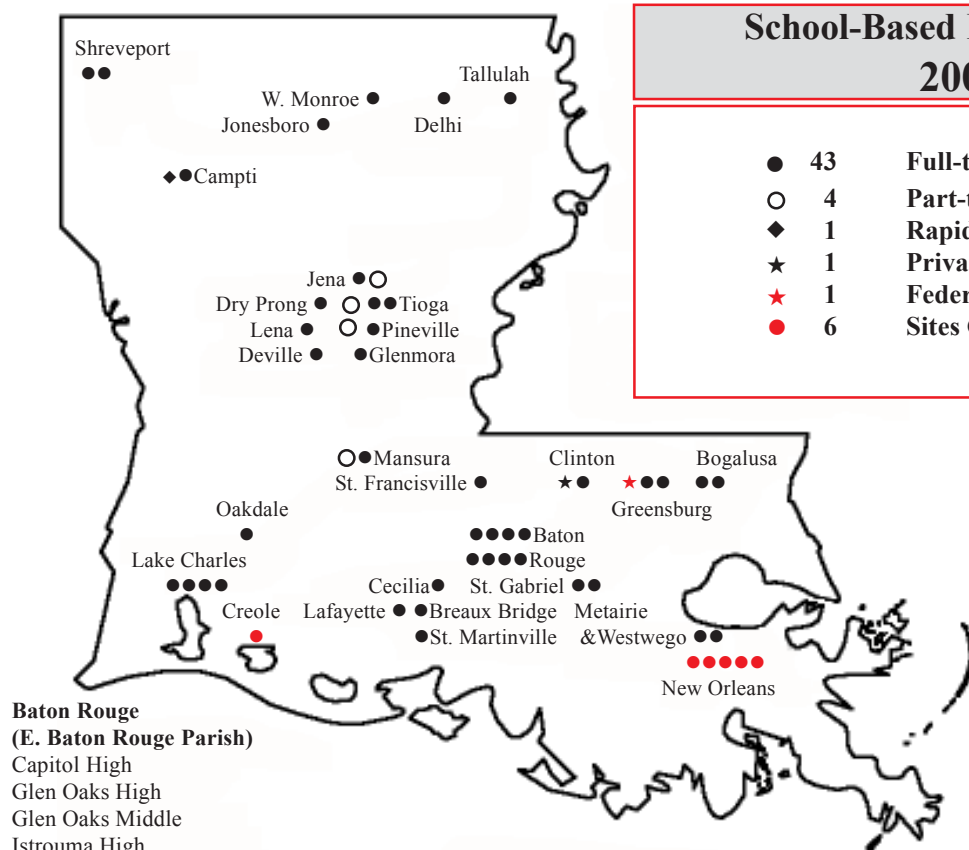
# *Section One*

## *Program Highlights & Overview*

# Louisiana Adolescent School Health Initiative

## School-Based Health Center Sites 2005-2006

●	43	Full-time Operating Sites
○	4	Part-time Operating Sites
◆	1	Rapides Foundation Funded Site
★	1	Privately Funded Site
★	1	Federally Funded Site
●	6	Sites Closed Due to Hurricanes



### Baton Rouge (E. Baton Rouge Parish)

Capitol High  
Glen Oaks High  
Glen Oaks Middle  
Istrouma High  
Northeast Elementary  
Northeast High  
Prescott Middle  
Westdale Middle

### Bogalusa (Washington Parish)

Bogalusa High  
Bogalusa Jr. High

### Breaux Bridge, Cecilia & St. Martinville (St. Martin Parish)

Breaux Bridge Schools  
Cecilia Schools  
St. Martinville Schools

### Campti (Natchitoches Parish)

Lakeview Jr. & Sr. High  
Natchitoches Central High (Rapides Foundation Funding)

### Clinton (E. Feliciana Parish)

Clinton Middle  
Jackson Complex (Privately Funded)

### Creole (Cameron Parish)

● South Cameron High

### Delhi (Richland Parish)

Delhi Jr. & Sr. High

### Deville (Rapides Parish)

Buckeye High

### Dry Prong (Grant Parish)

Dry Prong Jr. High  
Pollock Elementary

### Glenmora (Rapides Parish)

Glenmora Elementary & High

### Greensburg (St. Helena Parish)

St. Helena Central Elementary  
St. Helena Central Middle  
St. Helena Central High (Federal Funding)

### Jena (LaSalle Parish)

Jena Jr. High  
Jena Sr. High

### Jonesboro (Jackson Parish)

Jonesboro Jr. & Sr. High

### Lafayette (Lafayette Parish)

Northside High

### Lake Charles (Calcasieu Parish)

Clifton Elementary  
Molo Middle  
Washington-Marion High  
Combres-Fondel Elementary

### Lena (Rapides Parish)

Northwood PreK-12

### Mansura (Avoyelles Parish)

Mansura Middle  
Avoyelles Charter

### Metairie & Westwego (Jefferson Parish)

Bunche Middle  
Butler Elementary

### New Orleans (Orleans Parish)

● Marion Abramson High  
● George W. Carver Sr. High  
● John McDonogh Sr. High  
● Booker T. Washington High  
● Lawless Sr. High

### Oakdale (Allen Parish)

Oakdale Middle

### Pineville (Rapides Parish)

Pineville Jr. High  
Slocum Elementary

### St. Francisville (W. Feliciana Parish)

Family Service Center

### St. Gabriel (Iberville Parish)

East Iberville Elementary & High  
Iberville Elementary

### Shreveport (Caddo Parish)

Atkins Elementary  
Linwood Middle

### Tallulah (Madison Parish)

McCall Jr. & Sr. High

### Tioga (Rapides Parish)

Tioga Jr. High  
Tioga Sr. High

### W. Monroe (Ouachita Parish)

Riser Middle

● Sites Closed Due To Hurricanes

# OPH Funded SBHCs

## 2005-2006 Academic Year

Region Parish	SBHC Location	Grades Served	# Schools Served	Total Student Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served
I	Orleans	George W. Carver Lawless Sr. High Booker T. Washington John McDonogh Marion Abramson	Closed Closed Closed Closed Closed				
	Jefferson	Bunche Middle Butler Elementary	PreK-5 2 K-9 4	337 1,786	337 1,347	100% 75%	280 645
II	E. Felic. W.Felic. E.B.R.	Clinton Middle	6-8 1	301	276	92%	299
		Family Service Center	PreK-12 4	2,647	2,336	88%	1,374
		Istrouma High	9-12 2	992	889	90%	533
		Westdale Middle	6-8 1	953	835	88%	578
		Glen Oaks High	9-12 1	883	671	76%	444
		Glen Oaks Middle	6-8 1	825	602	73%	445
		Prescott Middle	6-8 1	830	654	79%	369
		Northeast Elementary	K-6 1	852	811	95%	617
		Northeast High	7-12 1	867	720	83%	455
		Capitol High	PreK-5, 9-12 2	785	638	81%	407
	Iberville	E. Iberville Elem & High	PreK-12 1	486	436	90%	349
		Iberville Elementary	PreK-3 1	793	589	74%	284
IV	St. Martin	Cecilia	PreK-12 4	2,525	2,349	93%	1,745
		Breaux Bridge	PreK-12 6	3,479	2,820	81%	1,667
		St. Martinville	PreK-12 6	2,479	2,301	93%	1,530
	Lafayette	Northside High	9-12 1	1,100	900	82%	643
V	Calcasieu	Washington-Marion	9-12 1	710	617	87%	433
		Clifton Elementary	PreK-5 1	435	323	74%	233
		Molo Middle	6-8 1	406	353	87%	288
		Combret-Fondel*	PreK-5 1	441	374	85%	353
	Allen Cameron	Oakdale Middle	5-12 2	744	652	88%	932
		South Cameron High	Closed				
VI	Rapides	Buckeye High	7-12 1	775	739	95%	611
		Glenmora	PreK-12 2	665	567	85%	494
		Northwood	PreK-12 1	743	743	100%	572
		Pineville & Slocum*	PreK-8 2	1,196	1,132	95%	861
		Tioga Junior High	7-8 1	610	533	87%	407
		Tioga Senior High	9-12 1	859	786	92%	555
		Dry Prong Jr. & Pollock Elementary*	PreK-8 3	1,103	1,103	100%	793
	Grant						
	Avoyelles	Avoyelles Charter* & Mansura Middle	K-8 2	950	835	88%	876
	LaSalle	Jena Sr. High & Jr. High*	7-12 2	723	712	98%	572
VII	Caddo	Linwood Middle	6-8 1	695	687	99%	563
		Atkins Elementary	PreK-5 1	578	578	100%	459
	Natchitoches	Lakeview Jr. & Sr. High	7-12 1	581	536	92%	448

Region Parish	SBHC Location	Grades Served	# Schools Served	Total Student Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served
VIII Ouachita	Riser Middle	PreK-8	2	1,779	1,335	75%	891
	Madison	McCall Jr. & Sr. High	6-12	2	1,699	86%	660
	Richland	Delhi Jr. & Sr. High	6-12	2	1,198	83%	688
	Jackson	Jonesboro Jr. & Sr. High	5-12	2	665	67%	326
IX Washington	Bogalusa High	9-12	1	642	626	98%	501
	Bogalusa Jr. High	7-8	1	504	412	82%	323
	St. Helena	Central Elementary	PreK-4	1	710	80%	468
	Central Middle	5-8	1	408	408	100%	282
<b>TOTALS</b>	<b>21 Parishes</b>	<b>47 SBHCs</b>	<b>76</b>	<b>42,739</b>	<b>37,032</b>	<b>87%</b>	<b>26,253</b>

\* *Part-time Satellite Clinics*

## ***OPH Certified\*\* SBHCs Funded by Other Sources***

### ***St. Helena Central High SBHC***

In 1999, the St. Helena Central High School-Based Health Center (SBHC) began serving the students at the High School after the St. Helena Community Health Center was awarded funding through the Health Resources and Services Administration, Bureau of Primary Care. This SBHC has been very successful in getting their students registered and utilizing the SBHC. Despite the effects of Hurricane Katrina on the site, they were able to register 79.3% of students in the SBHC and 71.5% of these students utilized the SBHC. In addition, 27.5% of these students received comprehensive physical exams at the SBHC.

### ***Natchitoches Central SBHC***

In February of 2003 Natchitoches School-Based Health Center opened its doors and began serving the needs of children. This SBHC is operated by CHRISTUS St. Frances Cabrini Hospital through the generous funding of the Rapides Foundation. Shortly after Hurricane Katrina, the SBHC staff extended their arms and helped

evacuees through a very emotional time. The clinic has been working hard to ensure that the evacuees receive services not only through the clinic itself, but also through referrals to other agencies. They were able to register nearly 99% of the students and 59% of these students utilized the SBHC. They were able to provide comprehensive physical exams to 10.5% of the students.

### ***Primary Care Providers for a Healthy Feliciana Opens A New SBHC***

In December of 2005, Primary Care Providers for a Healthy Feliciana opened the doors of the Jackson Complex School-Based Health Center. The opening of this health center was made possible through funding from the Kellogg Foundation's Hurricane relief money and other grants. Since this parish received a high number of evacuees, the new health clinic brought a welcoming sense of relief to both the students and the community. They were able to register 50% of students and 100% of these students utilized the SBHC in the first 6 months of operation.

Region	Parish	SBHC Location	Grades Served	# Schools Served	Total School Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served
II	E. Feliciana	Jackson High	9-12	1	833	418	50.2%	418
VII	Natchitoches	Central High	9-12	1	1,303	1,286	98.6%	759
IX	St. Helena	Central High	9-12	1	430	341	79.3%	244
<b>Totals</b>	<b>3 Parishes</b>	<b>3 SBHCs</b>	<b>3</b>	<b>3</b>	<b>2,566</b>	<b>2,045</b>	<b>79.7%</b>	<b>1,421</b>

\*\* *Certified SBHCs are centers that are compliant with the Principles, Standards and Guidelines for SBHCs in Louisiana.*

## ***SBHCs Reach Out In Time Of Need***

Hurricanes Katrina and Rita devastated Southern Louisiana. The loss of life and property across the region was immense. Like the children and families they serve, the SBHCs and their staff were also severely impacted. All of the SBHCs in New Orleans and one SBHC in Cameron Parish were closed as a result of the destruction in these areas. In addition, the SBHCs in Bogalusa, St. Helena Parish and Jefferson Parish all sustained damage. In the immediate aftermath, communities all around the state and country welcomed evacuees from the affected areas with open arms. SBHC staff across the state worked in conjunction with local medical and social service agency personnel to assist nearly 1400 evacuated students and their families with their needs, in addition to serving the students already in their charge.

Funding from the Kellogg Foundation and many other generous donors began making a difference for SBHCs in the devastated areas and for those across the State as these SBHCs were attempting to help children and their families who had evacuated to these areas.

It became apparent, however, that in the greater New Orleans area, the infrastructure was so decimated, that more needed to be done to organize efforts for physical and mental/behavioral health care in this area. Therefore, the School Health Initiatives Network (SHINE), a group of interested health care providers and educators, including the Office of Public Health, Adolescent School Health Program (OPH/ASHP) and the previous sponsors of SBHCs in the metro New Orleans area, joined together and have worked to determine how to best serve the students who have returned to the area. SHINE in partnership with the Louisiana Public Health Institute as the fiscal agent, applied for and

received \$8.7 million additional funding from the Kellogg Foundation to both assist the SBHCs that were closed in the greater New Orleans area as well as open new SBHCs there. LPHI, in partnership with the Department of Education (DOE), plans to award up to 4 planning grants for SBHCs in the Recovery School District in New Orleans and 3 additional planning grants for the greater New Orleans area, which includes the parishes of Orleans, Jefferson, St. Bernard and Plaquemines. In addition, in the 2006 regular legislative session, the State Legislature appropriated funds for 6 new planning grants statewide. These funds, along with Kellogg dollars, will be used to fund local communities to plan SBHCs in 2006-07.

Although so many have lost so much, there is still hope for the future of Louisiana, particularly in the hurricane-affected areas. SBHCs and their caring staff played a vital role for so many in the immediate aftermath of the hurricanes and continue to be a ray of hope in the lives of the children and families they serve. Many thanks to everyone who has worked so hard to make the lives of Louisiana children and families better.

### ***Northern Louisiana***

#### ***Reuben McCall Senior High SBHC, Madison Parish***

Madison Parish SBHC opened its hands, hearts, and homes to evacuees left homeless by Hurricanes Katrina and Rita. The SBHC Director assured that all school age students in the community had access to healthcare and provided the students and their families with various activities that would reduce the stress they were enduring. On the weekends, the SBHC conducted a fitness/exercise session with upbeat music to boost the morale of the evacuees.



### *Riser Middle SBHC, Ouachita Parish*

This SBHC was originally designed to serve six schools, including one middle school and its five feeder elementary schools. After the hurricanes, the SBHC Program Director met with all the principals in the parish to allow services to be extended to ALL evacuee students in over 50 schools. Emergency Kellogg Foundation funding made this possible. These efforts later led to services being extended permanently to all Title I schools.

### *Linwood and Atkins SBHCs, Caddo Parish*

The SBHC Director of Linwood and Atkins SBHCs, working with Care Caddy, assisted in providing pediatric health services to area shelters after both Hurricanes Katrina and Rita. They served over 200 children. Care Caddy is a collaborative project of CHRISTUS Schumpert, LSUHSC-Shreveport, and the Hal Sutton Foundation.

### *Jackson Parish Hospital SBHC, Jackson Parish*

Jackson Parish SBHC staff provided services to over 125 evacuees per week at the Jimmy Davis State Park, where many evacuees were temporarily housed in trailers and air-conditioned cabins. The services they provided included, but were not limited to, case management, counseling, basic primary care services, and physical examinations. Those who needed specific services were referred to a specialist in the area. The SBHC also contracted with a local pharmacist to provide medication to those in need.

### *Richland Parish SBHC, Richland Parish*

The Richland Parish SBHC provided physicals and immunizations to some evacuees. The SBHC social worker worked with the evacuee families by providing on-going case management and assisting students as they adjusted to their post-Katrina lifestyle and surroundings. The social worker also provided family counseling.



## ***Southwestern Louisiana***

### *South Cameron High SBHC, Cameron Parish*

A mother, who had evacuated after Hurricane Katrina, was in desperate need of medical assistance for her six-year-old daughter who was developing high fevers. The child was attending a United Way sponsored day care, which had established contacts with the physician providing health



care at the South Cameron High SBHC. After learning that other physicians in the community had been unable to schedule this mother and young child for a visit, he arranged to see the child himself at the SBHC and provide the needed care.

Hurricane Rita destroyed this community, including the SBHC. Through financial support from the Kellogg Foundation, this site has been able to obtain a modular unit to continue to provide needed services in this devastated community.

## ***Southeastern Louisiana***

### *Family Service Center, West Feliciana Parish*

Staff of the Family Service Center was able to help evacuees rescued from the floodwaters of New Orleans. They assisted the evacuees in enrolling in Early Head Start, Head Start, and middle school respectively. Before beginning school, the students were given physicals and caught up on their immunizations. Mental health services were provided to families as needed.

### *Clinton Middle SBHC, East Feliciana Parish*

The Clinton Middle SBHC staff enrolled evacuee students in the SBHC. While performing screenings and physical exams on these students, the staff learned that their families were also in need of medical care. With Kellogg Foundation funding, the SBHC at Clinton Middle set up extended hours and was able to serve family members providing complete physical exams, eye exams, dental exams and dental services, including the replacement of lost dentures. In addition, Kellogg funding helped establish a second SBHC in East Feliciana Parish this school year.

### *Health Care Centers in Schools, East Baton Rouge Parish*

With Kellogg Foundation Funding, Health Care Centers in Schools (HCCS) began providing limited health and mental health services at Scotlandville School (K-8) and will increase services once a SBHC facility is completed. All of the students and faculty at Scotlandville are hurricane evacuees. HCCS placed two evacuated SBHC staff, a registered nurse (RN), and a social worker from New Orleans, at the site at Scotlandville. Both women had lost their jobs because of the closure of their SBHCs in New Orleans. Gwen, the RN from New Orleans, lost her father about a week after Hurricane Katrina. Her home sustained significant damage and therefore she was living with 15 other family members in a small town about 65 miles from Baton Rouge. She made the commute to Baton Rouge every day in order to work. Gwen states that the opportunity to work at the SBHC and resume some normalcy in her life helped in the healing process. (Gwen has now returned to New Orleans and is working at the Science and Math SBHC.)

### *St. Helena Middle SBHC, St. Helena Parish*

The SBHC was completely destroyed by Hurricane Katrina. SBHC staff set up a make shift clinic in a small classroom providing limited services. The Kellogg Foundation funded the purchase of a new modular unit and by April 2006, comprehensive services were once again restored onsite. The center took on about 50 students that had evacuated from New Orleans and a counselor was on hand to offer counseling services as needed.



### *Bogalusa SBHCs, Washington Parish*

Unfortunately, Washington Parish was an area that was directly hit by the eye of Hurricane Katrina. Not only did the SBHC suffer great damage, the community was severely devastated. Despite their

own turmoil and losses, the SBHC staff reported to work every day assisting the children with their needs. Kellogg Foundation dollars helped repair damage to the SBHC.

### *East Iberville SBHC, Iberville Parish*

The SBHC serves K-12 students and enrolled an additional 75 students that had evacuated from New Orleans. Some of the students had lost their glasses in the storm, so the SBHC, in partnership with *Sight for Students*, gave out gift certificates to 8 students to get new eyeglasses as well as offered free eye exams. In addition, the center provided needed immunizations to evacuee students who had lost their records and made referrals for orthodontic care as needed.



### *Metropolitan New Orleans Area Science and Math SBHC and McDonogh 35 SBHCs, Orleans Parish*

Hurricane Katrina destroyed all 5 of the SBHCs in New Orleans. Due to the immense need and lack of health care options in New Orleans, two of the SBHCs relocated. John McDonogh Sr. SBHC staff relocated to the Science and Math High School and began providing much needed services in makeshift classrooms. The G.W. Carver SBHC staff moved to McDonogh 35 to serve the students there.

### *Bunche SBHC, Jefferson Parish*

Despite significant damage to their school and SBHC, the SBHC staff at Bunche quickly mobilized and returned to school on September 18, 2005 to prepare for the children who returned on October 3, 2005. The National Guard assisted the staff with clean up. Later, the SBHC behavioral health staff worked with volunteers from SAMHSA (Substance Abuse and Mental Health Services Administration) to expand behavioral health service delivery.

## *Central Louisiana*

### *Cecilia Junior High SBHC, St. Martin Parish*

Soon after Hurricane Katrina devastated Southeastern Louisiana, a volunteer medical team from Minnesota arrived in the St. Martin Parish area to provide primary care services to displaced individuals. It became apparent, that in order to be effective and reach those in need, they would need to team up with a local, trusted entity. The SBHCs served that role as they were already firmly established in the community as providers of health and mental health services.



The Kellogg Foundation has allowed the St. Martin SBHCs to continue the work begun by the Minnesota group after their departure. They have extended their operating hours from 3:30 p.m. to 5:30 p.m. two times a week, and have opened a clinic on Saturday morning once a month to address the increased needs of the community.

### *Oakdale SBHC, Allen Parish*

Although the parish itself was not directly impacted by the hurricanes, the school did take in 15 students that evacuated mostly from Lake Charles during Hurricane Rita. The children were offered comprehensive health and mental health services. Staff worked to retrieve their immunization records.

### *Northside SBHC, Lafayette Parish*

Northside High School received assistance from the Kaiser Permanente Medical Group in the form of three doctors and two registered nurses. These volunteer professionals working with SBHC staff, provided immunizations, risk assessments and conducted over 100 physical exams. These doctors demonstrated an overwhelming amount of kindness and care to these children who had suffered great trauma.

### *Northwood SBHC, Rapides Parish*

Northwood SBHC enrolled numerous evacuees at their site. The health center assisted these students in obtaining school uniforms and supplies. An open support group was also established on an as needed basis. One of the evacuee students was seen several times in the health center for a recurring ear, nose, and throat (ENT) problem. The student was referred to a local ENT specialist and ultimately required corrective surgery. Without the SBHC, this problem could have been debilitating.

## *SBHC Funding History*

Fiscal Year	Funding Source	Number of SBHCs
1987-88 1989-90	RWJ grant Louisiana Legislature asks OPH to study SBHC expansion	2 in Baton Rouge 1 in New Orleans
1990-91	Adolescent School Health Initiative Act passes, authorizing OPH to develop SBHCs	



1992-93	Maternal and Child Health (MCH) Block Grant	Affiliation established with 1 SBHC in W. Feliciana & the 3 RWJ SBHCs
1993-94	MCH Block Grant	5 new SBHCs open in rural & inner city urban areas
1994-95	MCH Block Grant; \$1.6 million in one-time state funds; Child Care & Development Block Grant for day-care activities; RWJ Making the Grade Planning Grant	1 new SBHC opens; 14 in planning stages; 10 supportive projects
1995-96	MCH Block Grant; \$2.5 million in state budget; RWJ Making the Grade Planning Grant	5 new SBHCs open; 8 continue planning
1996-97	MCH Block Grant; \$1.6 million RWJ Foundation Implementation Grant; \$2.65 million State Legislative Appropriation	23 operational SBHCs 8 planning for 1997-98 operation
1997-98	MCH Block Grant; Continuation of RWJ Foundation grant; Continuation of State Legislative Appropriation	30 operational SBHCs 7 planning for 1998-99 operation
1998-99	Continuation of existing funding sources; additional \$600,000 in State Legislative Appropriation	35 operational SBHCs
1999-00	Last year of RWJ Foundation Grant; Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$1,018,176 in State Legislative Appropriation	40 operational SBHCs
2000-01	Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$1,618,588 in State Legislative Appropriation	47 operational SBHCs 6 planning SBHCs
2001-02	Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$820,000 in State Legislative Appropriation	53 operational SBHCs
2002-03	Continuation of MCH Block Grant & State Legislative Appropriation. \$100,000 in Prevention Block Grant to implement the <i>Best Practices for Prevention in SBHCs</i> Initiative	51 operational SBHCs
2003-04	Continuation of MCH Block Grant, Prevention Block Grant, & State Legislative Appropriation. Additional \$264,800 in State Legislative Appropriation	53 operational SBHCs
2004-05	Continuation of MCH Block Grant & State Legislative Appropriation.	54 operational SBHCs
2005-06	Continuation of MCH Block Grant & State Legislative Appropriation.	47 operational SBHCs
2006-07	Continuation of MCH Block Grant; Additional \$1.6 million in State Legislative Appropriation	51 operational SBHCs 9 planning grantees projected

# *Louisiana Standards for School-Based Health Centers*

## *Primary Goal*

- ❏ To provide convenient access to preventive and primary health services for students who might otherwise have limited or no access to health care.
- ❏ To meet the physical and emotional health needs of adolescents at their school sites.

## *Community Participation*

All health centers must originate as a community initiative. State funding is dependent upon evidence of broad community participation.

## *Sponsoring Agency*

The sponsoring agency must be either a public or a private non-profit institution locally suited and fiscally viable to administer and operate a health center serving the needs of adolescents (i.e., health center, hospital, medical school, health department, youth serving agency, school or school system).

## *School and School District*

The host school should agree to work cooperatively with its health center, particularly in developing and implementing a full-scale coordinated school health program. School board approval is a prerequisite for a grant of state funds for planning or operation.

## *Services*

A SBHC must offer comprehensive preventive and primary health services that address the physical, emotional, and educational needs of its student population. Services provided should include medical screenings; treatment for common illnesses and minor injuries; referral and follow-up for serious illnesses and emergencies; on-site care, consultation, referral and follow-up for pregnancy, chronic diseases and disorders, and emotional and mental problems; comprehensive physicals; immunizations; laboratory testing; and preventive services to reduce high-risk behaviors.

## *Parental Consent*

A parent or guardian must sign a consent form, approved by school authorities, for a student to receive health center services. Parents may indicate which services they do not wish their children to receive at the centers.

## *Operating Policies*

The hours of operation should ensure that students have easy access to the center's services. In general, a SBHC should have both before and after-school hours and should operate for some period of time during the summer.

Every school-based health center is required to promote abstinence. Centers are prohibited by state law from distributing contraceptives or abortifacient drugs or devices, and from counseling or advocating abortion, or referring any student to an organization for counseling or advocating abortion.

## *Staffing*

Services at the school health centers are provided by multi-disciplinary teams including physicians, nurse practitioners, registered nurses, and licensed mental/behavioral health professionals. In addition, the SBHC is staffed with a medical office assistant and an administrator.

## *Selection Criteria*

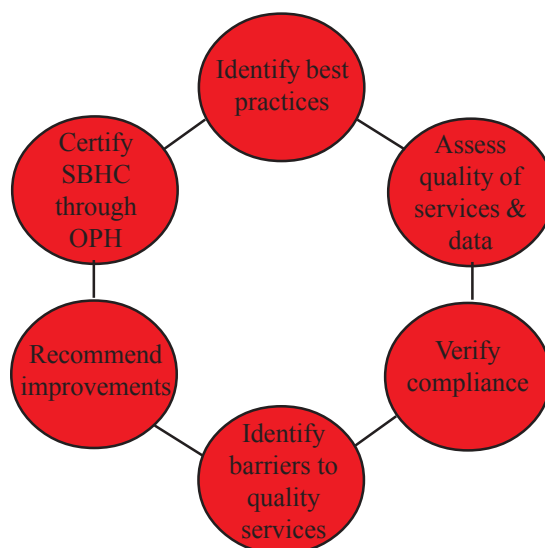
The Adolescent School Health Initiative (ASHI) seeks to provide services to young people with limited or no access to health care providers. Grants are made through a competitive call for proposals process with decisions based upon the socioeconomic and health needs of the student population to be served, the health services available in the communities, the level of community support, the likelihood of success in developing and operating SBHCs that will fulfill its service objectives, and the working relationship between the schools and health care communities.

## *Continuum of Care*

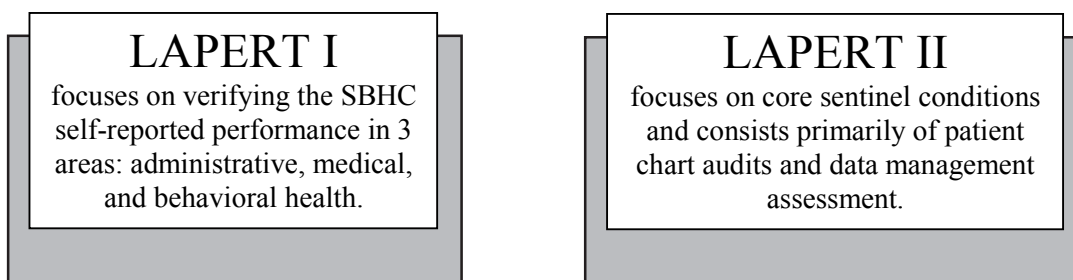
Centers must execute cooperative agreements with community health care providers to link students to support and specialty services not provided at the school site. Centers must arrange 24-hour coverage, ensuring that students have access to services during non-operating hours, including nights, weekends, holidays, and summer vacation.

# *Continuous Quality Improvement (CQI) Program*

## *Purpose of CQI On-Site Reviews*



## *CQI Tools*



## *Results of CQI*

Eight SBHCs underwent a rigorous, on-site quality assurance review this past year as part of the Adolescent School Health Initiative (ASHI) continuous quality improvement program. At seven of those sites the new CQI tool, based on the National Assembly on SBHC's tool, was utilized. The new tool focuses on core sentinel conditions, such as comprehensive physical exams, immunization rates, asthma management, data management, academic achievement, and health insurance enrollment. Improvements continue to be measured.

- Despite the disruption caused by the hurricanes, overall immunization rates improved during the year. When randomly selected charts were audited, the number of students with up-to-date immunizations increased from 51% in the first quarter to 77.4% in the fourth quarter.
- SBHCs continue to make strides in reducing uninsured rates. Rates of uninsured students using the health center decreased to 9% over the course of the school year. This is down from 13% in 2004-05 and 14% in 2003-04.
- SBHC staff work closely with school personnel and have been able to document improved grades for students who were previously struggling.

## Best Practices for Prevention in SBHCs

### Type 2 Diabetes Screening and Management

Type 2 diabetes is a disease that can affect anyone regardless of age or race. Once rare in this age group, children and adolescents are becoming disproportionately affected by this illness. Type 2 diabetes in children, as in adults, is closely linked to obesity, a sedentary lifestyle, and a family history of diabetes.



The prevalence of obesity has nearly tripled in adolescents in the past 20 years.<sup>1</sup> According to *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, 13 percent of children 6 to 11 years old and 14 percent of adolescents 12 to 19 years old in the United States were overweight in 1999.<sup>1</sup>

Realizing the increased prevalence of obesity and therefore of type 2 diabetes among adolescents, the SBHCs began testing students in 2002 for type 2 diabetes if they met specific criteria outlined in the *Best Practices for School Based Health Centers-Screening for Type 2 Diabetes*. The overall goal of the program is to reduce the number of undiagnosed cases of type 2 diabetes in at-risk students seen at Louisiana SBHCs.

Testing patients using the criteria helps the SBHCs to:

- Identify children and adolescents with type 2 diabetes among at-risk students seen at Louisiana SBHCs
- Prevent/delay the complications associated with type 2 diabetes through early identification and treatment.

### Results

Despite the set back of the hurricanes and subsequent closures of schools, 691 students were

screened in 2005-06. Of these patients, 1.3% tested positive for type 2 diabetes. The students that tested positive for type 2 diabetes were referred to a primary care clinician for treatment and education.

### Screening, Diagnosis and Treatment of STIs

The sexually transmitted infections (STIs) of gonorrhea and chlamydia are more prevalent among the adolescent population than other age groups. In 2004, Louisiana had the 2<sup>nd</sup> highest prevalence of gonorrhea and the 3<sup>rd</sup> highest prevalence of chlamydia in the nation.<sup>2</sup>

Over the past few years, an increasing number of SBHCs have been providing STI screening, diagnosis and treatment on site. To assure quality STI services are provided in SBHCs, a three-day STI workshop was offered in 2005-06. Through the support of the STD Program at OPH and the Centers for Disease Control and Prevention, Dr. Stephanie Taylor with the LSUHSC, Section of Infectious Diseases, conducted a training for SBHC primary care providers entitled, "The Unspoken Epidemic: STIs in Adolescents." The workshop provided SBHC primary care providers with a combination of didactic and practical experience in STI diagnosis and treatment. Nearly 20 physicians and nurse practitioners attended this training. The training was a success with participants acknowledging that they increased their knowledge and skill in STI screening, diagnosis and treatment and increased their comfort level in talking to adolescents about sexual health-related issues. They also reported an increase in their awareness of public health resources, which enabled them to perform their job more effectively.



<sup>1</sup> NIH News Release (2002). Many Obese Youth Have Condition That Precedes Type 2 Diabetes: Studies To Address Obesity-Linked Diabetes in Children. National Institute of Health. Retrieved September 27, 2006, from <http://www.nih.gov/news/pr/mar2002/nichd-13.htm>

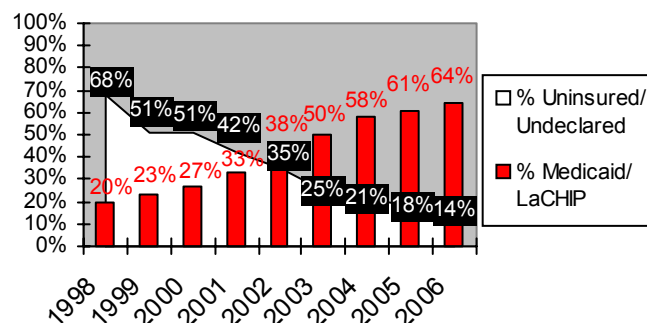
<sup>2</sup> Louisiana Office of Public Health, STD Program Office.



## Best Practices for Prevention in SBHCs Continues...

### *Enrolling Students in Louisiana Children's Health Insurance Program (LaCHIP)*

SBHCs assist students and parents enroll in the Louisiana Children's Health Insurance Program (LACHIP). SBHCs have seen a dramatic decrease in the number of uninsured students with the implementation of LaCHIP in 1998. During the summer of 2005, the Medicaid Field Operations again conducted trainings in LaCHIP enrollment for SBHC staff in New Orleans, Lafayette, and Alexandria.



## Mental Health Trainings

### *SBHC Mental Health Staff Receive Training to Assist Students with Stress and Trauma*

In collaboration with Tulane University Preventive Medicine Residency Program\*, the Children's Health Fund, and Columbia University's Mailman School of Public Health, a needs assessment survey of SBHC mental health providers (MHPs) was conducted after the hurricanes. Forty-one of the 43 SBHC mental health providers responded. The results of this survey in its entirety were published in the May-June 2006 issue of the Louisiana Morbidity Report. <http://www.dhh.louisiana.gov/offices/reports.asp?ID=249&Detail=306>.

All respondents of the survey reported that students from affected areas had enrolled in their schools after the hurricanes. Many MHPs reported being unprepared to deal with the adjustment issues and post traumatic stress disorder they were observing among students.

All students, whether they were evacuees or not, have been affected by the changes due to the storm. MHPs noted that since the hurricanes, there has been an increase in negative behaviors among

students served by SBHCs, including arguments, physical fights, and truancy. Respondents also noted that they were seeing increased family disruption and conflict along with academic underachievement among students. Emotional responses, particularly anger and grief, were also commonly reported. Additionally noted were physical manifestations of underlying stress such as sleep disturbance, headaches and stomachaches.

In response to the findings of this survey and through the generous support of the Louisiana Chapter of the American Academy of Pediatrics, the Children's Health Fund was able to provide a series of workshops for SBHC mental health providers on assessing and treating traumatic stress disorders in youth. A total of 5 workshops were conducted throughout the year. The workshops were well received. Given the positive response, additional regional mental health workshops are planned for the 2006-07 school year.

\*A very special thanks to Drs. Georgina Richard and Parham Jaber, Tulane Preventive Medicine Residents, who, in consultation with Children's Health Fund and Columbia University Mailman School of Public Health, developed the needs assessment tool, conducted the survey, and analyzed the results.